

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90103 046 \*\*\*150.00

**DOCUMENT # P93000025777**

1. Entity Name  
**PREMIER LAWNSCAPES, INC.**



Principal Place of Business  
**10368 BELMONT STAKES CT  
JACKSONVILLE FL 32257**

Mailing Address  
**10368 BELMONT STAKES CT  
JACKSONVILLE FL 32257**



2. Principal Place of Business  
**505 S. PARKE VIEW DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 57238**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**JAX - FL**

City & State  
**JACKSONVILLE, FL**

4. FEI Number  
**59-3176626**

Applied For  
Not Applicable

Zip  
**32259**

Country

Zip  
**32241**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANTO, KELLY M**  
**10368 BELMONT STAKES CT**  
**JACKSONVILLE FL 32257**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**505 S. PARKE VIEW DR.**

City

**JACKSONVILLE**

**FL**

Zip Code

**32259**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	SANTO, KELLY M	10368 BELMONT STAKES CT	JACKSONVILLE FL 32257	<input type="checkbox"/>
D	SANTO, KELLY M	10368 BELMONT STAKES CT	JACKSONVILLE FL 32257	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		505 S. PARKE VIEW DR.	32259	<input type="checkbox"/>	<input type="checkbox"/>
		505 S. PARKE VIEW DR.	32259	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KELLY M SANTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-03**

Date

**904-230-0182**

Daytime Phone #

CR2E034 (10/02)